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CLINICAL WITHDRAWAL DISORDERS OF BILIARY PANCREATITIS IN ELDERLY PEOPLE

Submission Date: August 18, 2023, Accepted Date: August 23, 2023,

Published Date: August 28, 2023

Crossref doi: <https://doi.org/10.37547/ijmscr/Volume03Issue08-08>

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ABSTRACT

Patients aged 65-89 years who were treated for pancreatitis of biliary etiology were analyzed. In the following physical examination, the general condition, characteristics and intensity of pain syndrome, symptoms of intoxication and disorders of central and peripheral hemodynamics are determined, peristaltic bowel sounds are studied and characteristic percussive and auscultatory symptoms are determined; Changes in percussive sounds associated with dynamic bowel obstruction, circulatory disorders were evaluated.

KEYWORDS

Biliary pancreatitis, geronological, prophylactic.

INTRODUCTION

in Europe and the United States, on average, the incidence of acute pancreatitis is 11-23 people per 100,000 inhabitants per year; in 2000, the highest incidence was 40 people per 100,000 inhabitants,

including severe cases of exacerbation of chronic pancreatitis [3, 4]. In many countries, the most common causes of acute pancreatitis are cholelithiasis (30-50%), which is called biliary pancreatitis, and next is

alcohol (20-30%), which is called alcoholic pancreatitis. Across different countries, this ratio varies [3]. Together, these two causes account for 80-90% of all acute pancreatitis, with the highest level of biliary acute pancreatitis occurring in women aged 50-70 years, while alcoholic acute pancreatitis is observed in men aged 30-40 years[3]. According to various authors, 5-20% of all acute pancreatitis is caused by idiopathic acute pancreatitis(op), the causes of which can be factors such as hyperlipidemia, hypercalcemia, acute infections and invasive treatments, medication [3, 5].

The purpose of the work: to identify and assess the peculiarities of the clinical course of biliary pancreatitis in the population population of the career of the Gerontological group. The aging process inevitably affects the course of pancreatic diseases, changing their clinical picture and diagnostic and therapeutic approaches in older people. In general, inflammatory diseases of the pancreas in old age are not common in young people, but both acute pancreatitis and chronic pancreatitis occur in people over the age of 60, and both variants have a number of distinctive features compared to pancreatitis developed in other countries. Among all pancreatitis in elderly patients, op occurs in 40% of cases. Chronic pancreatitis is approximately 25%. Elderly patients typically have biliary pancreatitis (40-70%), ischemic (19-21%), and idiopathic Genesis, with alcoholic pancreatitis

accounting for a very high proportion of patients [11, 13]. Many researchers insist that op often appears against the background of cholelithiasis and has an atypical course, which makes it difficult to diagnose. Pain syndrome often has vague localization and is unclear, and sometimes pain is completely absent. In elderly patients with acute pancreatitis, the mortality rate can reach 35%, but on average up to 20% - 25% [4, 10, 14] is observed. Elderly patients have a very high risk of acute pancronecrosis complications, due to the presence of polysystemic diseases, such patients should be carefully monitored and actively treated[10, 15].

Park J. Analyzed data from 40 patients with acute pancreatitis over 70 years of age. It turned out that biliary acute pancreatitis occurs in 35% of the elderly, idiopathic pancreatitis occurs in 30% of cases. The mortality rate was 20%, and the cause of death in all patients was polyorgan insufficiency, with such complications only two patients survived. The complexity of the diagnosis of acute pancreatitis is that elderly patients usually have concomitant diseases of the cardiovascular system, lungs, kidneys, liver, which in turn can be an early manifestation of acute pancreatitis. In this regard, differential diagnosis of early symptoms of acute pancreatitis in older patients is often difficult and goes into an already late stage until the disease is diagnosed[16].

MATERIAL AND METHOD

65-89-year-old patients treated with pancreatitis with biliary etiology were analyzed at the Fergana regional multidisciplinary hospital and RSHTYOIMFF. They studied the general condition, pain syndrome disorders and intensity, intoxication symptoms and disorders of Central and peripheral hemodynamics in the following physical examination. Intestinal

peristaltic murmurs, characteristic percutaneous and auscultative symptomatology were identified; variations in percutaneous sounds associated with dynamic intestinal obstruction, such as circulatory disorders (at the base of continuous recording) were evaluated (Table 1).

Table 1.

Timing and type of treatment (n=132) for the admission of elderly patients to the hospital

| Time of application after the onset of the disease | Intensive conservative treatment (n=79) | | Laparotomic tashrix (n=37) | | Laparoscopic tashrix (n=16) | |
|--|---|-----|----------------------------|------|-----------------------------|------|
| | A6c. | % | A6c. | % | A6c. | % |
| Within 24 hours | 54 | 68 | 24 | 64,8 | 10 | 62,5 |
| Within 48 hours | 14 | 18 | 8 | 21,6 | 3 | 18,7 |
| Within 72 hours | 11 | 14 | 5 | 13,6 | 3 | 18,7 |
| Total : | 79 | 100 | 37 | 100 | 16 | 100 |

According to the type of pancreatitis was allocated to groups:

I group: swollen pancreatitis (59 people): basic -40, control-19

Group II: sterile pancreonecrosis (32 people): primary-17, control-15

Group III: necrotic pancreonecrosis (44 individuals): primary – 26, control-18

In acute biliary pancreatitis, however, over time, the clinical picture of the disorder becomes more diverse. Damage to vital organs prevents the obvious manifestation of clinical signs characteristic of acute pancreatitis. In elderly patients, the possibility of

seeing the pancreas at UTT and determining the condition of the charvi sac remains limited if intestinal paresis is considered to develop very early in abdominal pathology. With age, the number of various changes in the human body increases. Because of this, it is forced to regularly take various drug vosta. For example in hypertension and ischemic heart disease, after taking antihypertensive and antiagregant drugs and diuretics, if a patient develops acute pancreatitis, then there is an increase in the development of hemorrhagic panrkeonecrosis and hemorrhagic syndromes. In Old Age, various diseases and atherosclerosis of blood vessels develop, and under the influence of it, the sensitivity of the nerve endings decreases, so that the intensity of pain decreases unambiguously. At the same time, the development of cerebral circulatory failure prevents the detection of

pain localization. In Old Age, water salt metabolism becomes more difficult due to increased metabolism at the same time in most elderly, as a result of regular intake of diuretics due to companion disease, the process of dehydration in patients develops much faster and increases the risk of polyorgan deficiency. Morphological changes characteristic of the elderly in the gastrointestinal tract lead to rapid paresis of the intestines in acute surgical diseases such as pancreatitis, cholecystitis and appendicitis in the gastric intestinal system, and this process also changes the typical clinical course of the disease.

In our clinical observations in patients with pancreatitis with biliary etiology aged 65-89 years, the above cases have found their proof(Table 2).

Table 2.

Clinical signs of patients with biliary pancreatitis the manifestation of age-related Halda

| | Age | Belt pain | | Vomiting | | Intestinal paresis | | Hypovolemia | |
|------------|---------|-----------|------|----------|------|--------------------|------|-------------|------|
| | | ABS | % | ABS | % | ABS | % | ABS | % |
| I (n=59) | 65 – 75 | 45 | 76 | 47 | 79,6 | 24 | 40,6 | 47 | 79,6 |
| II (n=31) | 76 - 85 | 24 | 77,4 | 29 | 93,5 | 28 | 90,3 | 29 | 93,5 |
| III (n=42) | 86 – 89 | 19 | 45,2 | 38 | 90,4 | 39 | 92,8 | 38 | 90,4 |

As can be seen from the table, the clinical signs of elderly patients with biliary pancreatitis undergo

various levels of changes with age. The intensity of the pain is manifested in the age range of 65-85 years.

From the age of 86, however, the intensity of the pain decreases and it ceases to have a pronounced localization. If nausea is observed in all patients, the number of vomiting increases with age, which is associated with the early development of intestinal paresis in the elderly. The increase in the number of vomiting as described above and the dehydration of tissues to the condition of old age leads to a rapidly developing hypovolemic state in elderly patients. In addition, due to the fact that enzymatic activity is also not high with age, patients have ham associated with diseases and medications they are taking. Therefore, it will be necessary to observe special attention and strict requirements for the diagnosis and treatment of Gerontological patients.

Hulosa: in older people, the diagnosis and treatment of pancreatitis is a difficult problem due to a number of additional conditions: polymorbidity, changes in the pharmacokinetics of drugs, leads to an atypical course of the disease. For this reason, in the diagnosis of clinical diagnosis in the elderly, an MSCT examination is born, at the same time an exertion to determine the amount of Alpha microglobulin. Knowing these peculiarities of the elderly, the patient ensures the sufficiency of timely diagnosis and treatment, prevents complications and improves the quality of life of patients.

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